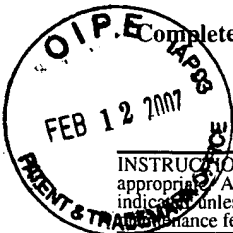


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
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05251 7590 01/25/2007

SHOOK, HARDY & BACON LLP  
 INTELLECTUAL PROPERTY DEPARTMENT  
 2555 GRAND BLVD  
 KANSAS CITY, MO 64108-2613

02/13/2007 RNEBRAH1 00000085 10002842

01 FC:2501 700.00 OP  
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Nancy L. Morton (Depositor's name)  
*Nancy L. Morton* (Signature)  
 2907-02-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,842	11/14/2001	James Hunter Boone	TLAB.79219	3654

TITLE OF INVENTION:  
 METHOD FOR DIFFERENTIATING IRRITABLE BOWEL SYNDROME FROM INFLAMMATORY BOWEL DISEASE (IBD) AND FOR MONITORING PERSONS WITH IBD USING TOTAL ENDOGENOUS LACTOFERRIN AS A MARKER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
COOK, LISA V	1641	435-007920

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TECHLAB, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BLACKSBURG, VIRGINIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2112 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Jean M. Dickman*

Date 2007-02-05

Typed or printed name Jean M. Dickman

Registration No. 48538

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